Children's World Learning Center

Greenville Blvd - University Medical Park - Arlington Blvd.- Vidant Medical Center

Application for Employment

Equal access to programs, services and employment is available to all persons without regard to race, color, religion, sex, age national origin, physical or mental disability, marital status, status as a veteran or membership in any other group protected by law in accordance with applicable federal, state and local laws. When requested, specific reasonable accommodations will be made for individuals with disabilities throughout the selection process.

Position Applied For: _	Date	Date of Application://						
Name:	Driv	Driver's License#						
Address:	ess: City:			state: Zip:				
Contact Phone:	act Phone: Email Address:							
EDUCATION AND FO	RMAL TRAINING:							
School	Name and Location	Course of Study	# Credits	Degree	Date			
High School								
College								
Other								
Other Certifications: Commercial Driver's L Are you over 18?	entials Administrative ITS-SIDS CPR icense (CDL) □ Yes □ No Yes □ No Are you	First Aid Profe Do you have any traffic u over 21? □ Yes □ N	essional Certificate violations?	tion Level Yes □ No				
ave you applied with us before? □ Yes □ No Date When could you begin? vailability: □ Full Time □ Part Time □ Substitute Salary Desired \$								
HOURS AVALIABLE:								
Monday	Tuesday	Wednesday	Thursday		Friday			
Do you have any pending Have you ever been conv Have you ever pled "guilty If yes, please provide date Answering "yes" to these seriousness and nature or	employment in this country? criminal arrests or charges, or icted of other forms of child abuy or "no contest" to, or been coe(s) and details:	have you had any prior crinuse, or of a violent felony? nvicted of any crime? n automatic bar to employmat position applied for will be	ninal arrests or cha	rges? [.	□Yes □ No □Yes □ No □Yes □ No □Yes □ No □ffense,			

WORK EXPERIENCE – Please list your last three employers starting with the most recent. Attach additional sheets if necessary to show experience relevant to the position for which you are applying.

Date Start Date End	Employer					
Job Title	Address					
Supervisor & Title	Summarize the nature of work performed and job responsibilities.					
Phone Number						
May we contact for a reference?						
Reason for leaving	Part time/Fulltime Hourly rate/salary Start: \$	Per	Final: \$	Per		
Date Start Date End	Employer					
Job Title	Address					
Supervisor & Title	Summarize the nature of work performed and job responsibilities.					
Phone Number						
May we contact for a reference?						
Reason for leaving	Part time/Fulltime					
Trodocti for foating	Hourly rate/salary					
	Start: \$	Per	Final: \$	Per		
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Date Start Date End	Employer					
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May we contact for a reference?						
Reason for leaving	Part time/Fulltime Hourly rate/salary Start: \$	Per	Final: \$	Per		
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PROFESSIONAL REFERENCES:						
Name	Address		Pho	ne Number		
Name	Address		Filoi	ie ivaliibei		
CERTIFICATION AND SIGNATURE:						
I understand that any oral or written statem	ent that is false, fraud	ulent or misle:	ading that is contained	d in this application or attached		
materials or made in the course of any rela						
rejection of my application and possibly pro						
the United States if I am hired. I authorize (
provided on this application.	CG. O TTONG LOGIT		, and omploymen	and oddeddon mormation		
Signature	Date					